

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Dixon/Davis Media Group LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1028 33rd St NW Ste 300			Amount <span style="border: 1px solid black; padding: 2px;">3886.00</span>		
City Washington State DC Zip Code 20007-3571		Transaction ID : VN7GB9TAT34 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1153128.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1054 31st St NW Ste 430			Amount <span style="border: 1px solid black; padding: 2px;">13951.04</span>		
City Washington State DC Zip Code 20007-6042		Transaction ID : VN7GB9TARS4 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate Cory Gardner			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2114710.35</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">17837.04</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Rebecca Lambe</i>			Date <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> <div style="text-align: right;">[Electronically Filed]</div>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>		
Mailing Address 3050 K St NW Ste 100			Amount 140151.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9TANB7		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		1153128.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>		
Mailing Address 3050 K St NW Ste 100			Amount 260699.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9TAT42		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		1318495.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	400850.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 17 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Well &amp; Lighthouse, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>	
Mailing Address 1244 19th St NW		Amount <b>70603.00</b>	
City Washington	State DC	Zip Code 20036-6618	Transaction ID : VN7GB9TAN84
Purpose of Expenditure Online Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Cory Gardner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>70603.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>489290.04</b>

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Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 17 / 2014**

Signature